HANDICAPPED PARKING SPACE APPLICATION

Lansdale Borough Police Department
(e) lansdalepolice@lansdalepd.gov
(p) 215-361-1801

If a handicap space is granted, the following regulations shall apply:

- Any vehicles displaying handicapped or disabled veterans license plate, or handicap placard, may use any handicapped parking space.
- All spaces will be reviewed on an annual basis.
- The privilege of a handicapped parking space will be immediately discontinued with misuse of any kind.

Procedure:

1. Complete application form.
2. Have physician's statement completed.
3. Submit forms to :
   Lansdale Police Department
   One Vine Street, Suite 101
   Lansdale, Pa 19446
4. You must have a Handicap placard before you return application to the Borough of Lansdale.

There are five (5) sections, signature page and the physician's statement attached. Please fill out all pages in their entirety and send back together so that your application can be reviewed as quickly as possible. Please retain this page for your reference.

Thank you!

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section A — Applicant Information

Name

Telephone Number

Street Address

City

State

Zip

Email Address

section B — Vehicle Information

Owner's Name

Driver's License Number

Owner's Address

City

State

Zip

License Plate Number & Expiration Date

Vehicle Make & Year

If registering a vehicle that is not yours, please explain why you are requesting a zone for a vehicle that is not registered to you.

section C — Neighbor Notification

If you have you notified the owner/tenant on either side of the property you are applying for, please provide the name and address of the neighbor(s) you contacted.

Property Owner/Tenant Name

Property Owner/Tenant Name

Address

Address

Handicapped Parking Space Application

section D

Property Information

Are you the property owner? Yes ☐ No ☐

If you are not the property owner, please provide the name and telephone number of the property owner below.

Owner's Name

Telephone Number

How wide is your residence?

Is your property less than 20 feet wide? Yes ☐ No ☐

Do you have a garage or any other off street parking? Yes ☐ No ☐

Is there a fire hydrant along your frontage? Yes ☐ No ☐

section E

Please Answer the Following Questions

What is the nature of your disability?

Explain why you believe you require a reserved zone.

Do you use a wheelchair? Yes ☐ No ☐

If not, do you use another implement to add mobility? Crutches ☐ Braces ☐

Other Security (please list)

Do you have a handicapped placard? Yes ☐ No ☐

If yes, what is the placard number and date it expires?

Placard Number

Expiration Date

Signature Page

If a handicap space is created under this article, the space so created may be used by any person parking a vehicle lawfully bearing registration plates or placards issued to handicapped persons or disabled veterans. This Article shall not be construed as granting the applicant the exclusive right to park his/her vehicle in the handicapped space created hereunder.

By signing below, I hereby make application for a handicapped parking space in accordance with section 3354 (d) of the PA vehicle code, Title 75 and with the disabilities listed in the application. It is a crime to give false or misleading information on this application. Falsification will lead to fines such as the ones in paragraph 4904 (2) of the PA Crimes Code, Title 18.

I hereby understand by signing this application I agree to notify the Borough of Lansdale immediately if and when I move from the address set forth on this application or no longer have a disability or no longer possess a valid handicapped registration plate or placard.

Applicant's Printed Name

Applicant's Signature

Date

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Physician's Statement

Patient's Name

Applicant's Disability (diagnosis)

Describe disability in detail (functional abilities)

In your opinion, do you feel that the applicant qualifies for a reserved parking space on or near the street of his/her residence? Yes ☐ No ☐

Physician's Statement

Patient's Name

Applicant needs to be lifted in or out of the vehicle — Yes ☐ No ☐

Applicant suffers from severe limitation in the ability to walk due to arthritic, neurological or orthopedic condition which prevents them from walking 200 feet without stopping to rest — Yes ☐ No ☐

Applicant is medically required to use portable oxygen — Yes ☐ No ☐

Applicant suffers from serious cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to the standards set by the American Heart Association — Yes ☐ No ☐

Applicant has limited or no use of one or both legs — Yes ☐ No ☐

The applicant suffers from any other physical or mental impairment not heretofore mentioned, which constitutes a substantial degree of disability and imposes great difficulty on applicant walking more than 200 feet without stopping. — Yes ☐ No ☐

Applicant's Disability Is — Temporary ☐ Permanent ☐

Prognosis for the applicant's recovery?

It is a crime to give false or misleading information on this statement. Falsification could lead to issuance of fines as provided in section 4904, PA Crimes Code.

Physician's Printed Name

Physician's State License Number

Office Address

City

State

Zip

Office Telephone Number

Physician's Signature

Date